

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION

BODY ART ESTABLISHMENT PLAN REVIEW APPLICATION

Please provide all requested information along with appropriate plan review fee:

(2010) \$130.00 New Facility
\$ 65.00 Remodel

MAKE CHECKS PAYABLE TO MACOMB COUNTY HEALTH DEPARTMENT

Incomplete applications will not be reviewed until missing information is provided. Do not leave fields blank, enter N/A if not applicable.

Application Type: New Facility ☐
Remodel Licensed Facility ☐

BUSINESS INFORMATION

Business Name _____

Business Address _____
Street City Zip

List All Body Art Procedures Performed _____

OWNER INFORMATION

Owner Name _____ Phone Number _____

Owner Address _____
Street City State Zip

FACILITY INFORMATION

Provide floor plan drawn to scale (or dimensions provided) with all equipment, sinks and light fixtures included and identified. _____ (initial)

No. of technician work stations _____ Sq. ft. per station (min. 45 ft²) _____

Describe how technician work stations are separated from each other and from other areas of facility _____

Number of hand washing sinks (excluding sinks in restrooms) _____

Client waiting/retail area separated by panel/wall (min. 4 foot high) Yes ☐ No ☐

Separate instrument cleaning/sterilization area provided. Yes ☐ No ☐ N/A ☐ (only single-use instruments)

Floor construction material _____

Wall construction material and finish _____

Ceiling construction material and finish _____

Floor and wall junctures sealed with cove molding. Yes ☐ No ☐

Exterior doors and restroom doors self-closing. Yes ☐ No ☐ Door finishes _____

Surface finishes: Counters _____
Tables _____
Procedure chairs/benches _____
Shelving _____
Cabinets _____
Other (specify) _____

Windows and doors used for ventilation screened. Yes ☐ No ☐ N/A ☐

EQUIPMENT INFORMATION

Reusable instruments used Yes ☐ No ☐

if Yes:

Number of instrument scrub sinks _____ Sink dimensions: width _____ length _____ depth _____

Number of ultrasonic cleaning units _____ Number of steam/pressure autoclaves _____

Number of dry heat autoclaves _____

Describe how sterilized instruments/equipment will be stored _____

How will tattoo/piercing machine(s) and connection(s) be cleaned and disinfected or covered _____

Waste containers with foot-pedal operated lids provided. Yes ☐ No ☐

Approved sharps containers provided. Yes ☐ No ☐

WATER SUPPLY

Municipal water supply? _____ or Approved onsite well? _____

All sink fixtures plumbed with hot and cold running water? Yes ☐ No ☐

SEWAGE DISPOSAL

Municipal sewage system? _____ or Approved on-site sewage system? _____

Janitorial/mop sink provided Yes ☐ No ☐

GENERAL INFORMATION

Copy of client notification form(s) provided for approval. _____(initial)

Copy of client aftercare instructions provided for approval. _____(initial)

Copy of client health assessment questionnaire provided for approval. _____(initial)

Copy of written Infection Control Procedures provided. _____(initial)

Copy of written Exposure Control Plan provided. _____(initial)

Regulations Governing Body Art Establishments in Macomb County, MI have been reviewed. _____(initial)

How will medical waste (sharps containers) be disposed? _____

All body art technicians have received Bloodborne pathogen, First Aid and CPR training? Yes ☐ No ☐
If No, provide proof of registration in upcoming class.